BEST AVAILARIE CORV

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

0773224/

| CLAIMS AS FILED - PART I | | | | | | O\ | | SMALL ENTITY | | | 4.3 | OTHER THAN | |
|--|--|---|-----------------|-----------------------|--------------|------------------|-------------|--------------------|------------------------|----|---------------------|------------------------|--|
| TC | TAL CLAIMS | | (Column 1) | | (Column 2) | | | | | OR | OR SMALL ENTIT | | |
| | | | 52 | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | \$0 minus 20= | | . 600 | | | X\$ 9= | 540,50 | OR | X\$18= | | |
| | EPENDENT CL | | 3 minus 3 = | | | | | X40= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | 13500 | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0 | | | | | | olumn 2 | Į. | TOTAL | 10330 | OR | TOTAL | | |
| Claims as amended - Part II | | | | | | | | | | | OTHER | | |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | 11 ce | SMALL | ENTITY | OR | SMALL | YTITM | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | 4.7 | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | ndependent | | | CL AIM | <u> </u> = | | X40= | - | OR | X80= | | |
| | | | | | | | | +135= | | OR | +270= | | |
| A1 | | | | | | | | TOTAL | | OR | TOTAL ADDIT. FEE | | |
| | | | NDDIT. FEE | | | ADDII. FEEL | | | | | | | |
| m | 0 | (Column 1) CLAIMS REMAINING | 4 | (Colui | IEST | (Column 3) | ו ר | | ADDI- | | | ADDI- | |
| AMENDMENT B | | AFTER AMENDMENT | | NUM PREVIO PAID | OUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <u></u> ∦ ┞ | | | | | | |
| +13! | | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | Α | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | <u>.</u> | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | , | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | UH | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +270= | | |
| ** | If the "Highest Nui | mber Previously Pa | aid For" IN THI | S SPACE | is less tha | n 20, enter "20 | l." A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | - 7 | |